

County: Columbia
COLUMBIA HEALTH CARE CENTER
323 W MONROE ST

Facility ID: 2310

Page 1

WYOCENA 53969 Phone:(608) 429-2181
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 124
Total Licensed Bed Capacity (12/31/04): 124
Number of Residents on 12/31/04: 121

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 118

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No					1 - 4 Years	49.6
Supp. Home Care-Personal Care	No					More Than 4 Years	18.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.1		
Day Services	No	Mental Illness (Org./Psy)	29.8	65 - 74	10.7		
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	33.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.7	85 - 94	45.5	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.7			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	6.6		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	14.9	65 & Over	95.9		
Transportation	No	Cerebrovascular	6.6			RNs	7.9
Referral Service	No	Diabetes	1.7	Gender	%	LPNs	8.9
Other Services	No	Respiratory	8.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.3	Male	29.8	Aides, & Orderlies	
Mentally Ill	No		----	Female	70.2	35.8	
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	7	8.8	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	5.8	
Skilled Care	8	100.0	340	71	88.8	116	0	0.0	0	27	81.8	169	0	0.0	0	0	0.0	0	106	87.6	
Intermediate	---	---	---	2	2.5	97	0	0.0	0	1	3.0	169	0	0.0	0	0	0.0	0	3	2.5	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	5	15.2	94	0	0.0	0	0	0.0	0	5	4.1	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	8	100.0		80	100.0		0	0.0		33	100.0		0	0.0		0	0.0		121	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	9.8	Bathing	0.0	90.9	9.1	121
Private Home/With Home Health	2.0	Dressing	14.9	80.2	5.0	121
Other Nursing Homes	6.9	Transferring	25.6	66.1	8.3	121
Acute Care Hospitals	74.5	Toilet Use	17.4	77.7	5.0	121
Psych. Hosp.-MR/DD Facilities	0.0	Eating	29.8	64.5	5.8	121
Rehabilitation Hospitals	0.0	*****				
Other Locations	6.9	Continence		%	Special Treatments	%
Total Number of Admissions	102	Indwelling Or External Catheter	4.1		Receiving Respiratory Care	23.1
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	36.4		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	43.9	Occ/Freq. Incontinent of Bowel	16.5		Receiving Suctioning	0.0
Private Home/With Home Health	6.1	Mobility			Receiving Ostomy Care	4.1
Other Nursing Homes	4.1	Physically Restrained	1.7		Receiving Tube Feeding	3.3
Acute Care Hospitals	6.1				Receiving Mechanically Altered Diets	16.5
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	0.0	With Pressure Sores	5.0		Have Advance Directives	75.2
Other Locations	3.1	With Rashes	5.8		Medications	
Deaths	36.7				Receiving Psychoactive Drugs	64.5
Total Number of Discharges (Including Deaths)	98					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	87.2	1.09	86.9	1.10	87.7	1.08	88.8	1.07
Current Residents from In-County	80.2	54.3	1.48	80.4	1.00	70.1	1.14	77.4	1.04
Admissions from In-County, Still Residing	31.4	25.2	1.24	23.2	1.35	21.3	1.47	19.4	1.62
Admissions/Average Daily Census	86.4	55.2	1.57	122.8	0.70	116.7	0.74	146.5	0.59
Discharges/Average Daily Census	83.1	59.6	1.39	125.2	0.66	117.9	0.70	148.0	0.56
Discharges To Private Residence/Average Daily Census	41.5	21.2	1.96	54.7	0.76	49.0	0.85	66.9	0.62
Residents Receiving Skilled Care	93.4	87.1	1.07	96.9	0.96	93.5	1.00	89.9	1.04
Residents Aged 65 and Older	95.9	87.7	1.09	92.2	1.04	92.7	1.03	87.9	1.09
Title 19 (Medicaid) Funded Residents	66.1	77.9	0.85	67.9	0.97	68.9	0.96	66.1	1.00
Private Pay Funded Residents	27.3	16.8	1.63	18.8	1.45	19.5	1.40	20.6	1.33
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	31.4	46.5	0.68	37.7	0.83	36.0	0.87	33.6	0.93
General Medical Service Residents	27.3	21.0	1.30	25.4	1.07	25.3	1.08	21.1	1.29
Impaired ADL (Mean)	44.6	44.6	1.00	49.7	0.90	48.1	0.93	49.4	0.90
Psychological Problems	64.5	66.5	0.97	62.2	1.04	61.7	1.04	57.7	1.12
Nursing Care Required (Mean)	7.2	8.7	0.83	7.5	0.97	7.2	1.00	7.4	0.97

COLUMBUS NURSING REHAB CENTER
825 WESTERN AVE

COLUMBUS 53925 Phone: (920) 623-2520
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 97
Total Licensed Bed Capacity (12/31/04): 97
Number of Residents on 12/31/04: 83

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 85

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.3
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		43.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.6	More Than 4 Years		25.3
Day Services	No	Mental Illness (Org./Psy)	20.5	65 - 74	16.9			-----
Respite Care	No	Mental Illness (Other)	3.6	75 - 84	28.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	4.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	14.5	65 & Over	96.4	-----		
Transportation	No	Cerebrovascular	6.0		-----	RNs		9.3
Referral Service	No	Diabetes	16.9	Gender	%	LPNs		16.7
Other Services	Yes	Respiratory	6.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	31.3	Male	25.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	74.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	2	3.4	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	2.4
Skilled Care	15	100.0	392	55	94.8	116	0	0.0	0	10	100.0	187	0	0.0	0	0	0.0	80	96.4
Intermediate	---	---	---	1	1.7	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	15	100.0		58	100.0		0	0.0		10	100.0		0	0.0		0	0.0	83	100.0